

Information Sheet for Insurance Patients

Dear Sir/Madam,

If you want to use direct-billing service at our hospital, please note the following information

Charging Policies

Firstly, we would like to inform that our hospitals practice differential charging policy which are

1. Local/Myanmar Citizens (Self-pay)
2. Local (Insurance)
3. Foreigners (Self-pay)
4. Foreigners (Insurance).

Therefore, there can be price difference depending on the category that you are in.

For Outpatient Services

If your insurance provider has specifically contracted with our hospital to provide cashless outpatient services, then you may receive them according to your plan. If not, you will need to pay your medical bill yourself and claim back from your insurance provider later. We will provide you with a medical report and invoice for reimbursement directly from your insurance company.

To use this cashless service,

1. Please inform us at the point of registration by presenting Current medical insurance certificate or card. (PHSH reserves the right to refuse to work with certain insurance policies or insurance companies at our own discretion.)
2. Passport or any other documents required by your insurance company for identification purposes
3. Fill and Sign the necessary claim forms
4. If you come only to get medicines and do investigations (Lab tests and Imaging), you need to provide full medical record with prescription (in English) from your treating doctor). If you cannot provide, you need to see one of our doctors to get the prescription or you have to do self-pay.
5. **Please note the following treatment which will need Pre-authorization, Guarantee of Payment (GOP), from insurance**
 - (a) Diagnostic procedures- CT / MRI Scan
 - (b) Day-procedures, Chemotherapy, Endoscopies (Gastroscopy, Colonoscopy, Sigmoidoscopy)
 - (c) Physiotherapy (referral letter from the treating doctor is mandatory)
 - (d) Medicines for more than 3 months duration
 - (e) Medicines cost exceeding USD 1000/-
 - (f) Medical checkup

*If these treatments are planned, please inform the reception and we will contact you back when we received the GOP. Please note that it can take up to 48 hours to get the reply from the insurance

*If you planned to do these treatments same day without waiting for GOP, you can proceed with self-claim option.

6. We cannot provide direct-billing service if you inform us only at the cashier. (Since we need processing time for verification purpose with your Insurance Company).
7. You will need to pay for the insurance co-payments, general exclusion items included in the hospital policy and your insurance plans.
8. You will have to pay for the claims that are rejected by your insurance after we have submitted the claim.

General Exclusion Policy for All Insurance Patients

Please note we will not provide direct-billing service to following treatments and products even with the Dr's prescriptions and order.

1. Vitamin, Supplements, Sleeping pills and drugs for anxiety
2. Any test or treatment related to Infertility, Contraception, Sterilization, Impotence and Sexual Dysfunction congenital illness, hereditary conditions or any abortion (OC pills and IUCDs)
3. Treatments and investigations related to cosmetic reason (Scars, Acne)
4. Non-medicated items (Eg: Artificial tears, and probiotics) and cosmetics items like toothpaste, lotions, sunblock
5. Treatment and drugs related to weight-loss
6. Diseases/conditions started before the insurance start date
7. Dental care and Dental prosthesis
8. Routine eyesight or hearing tests or the cost of eyeglasses, contact lenses, hearing aids or cochlear implants
9. Medical checkup packages (Except those who get pre-approval from hospital and insurance company)
10. Any procedure packages (e.g. Maternity Packages)
11. Treatments related to AIDS/HIV and STD diseases
12. Herbal and traditional medicines
13. Smoking cessation, nicotine/alcohol abuse medications
14. Non-medicated items (Eg: Artificial tears, and probiotics)

15. External Prosthesis, Corrective devices (eg: Knee brace, ankle brace, walking stick)
16. Buying medicine without Dr's prescription and medical necessity
17. All cost related to Organ and tissue transplant.
18. Costs of treatment by a family member or for self-therapy.
19. **We will charge for the medical certificate or requesting to fill the claim forms for the service that was done more than 2 weeks ago.**

For Inpatient Services

In the event of an emergency or an un-planned inpatient visit, your insurance provider may still provide coverage for your treatment. To ensure payment, please follow the following steps.

1. **Present** your passport or any other documents required by your insurance company for identification purposes.
2. **Bring your** current active medical insurance certificate or card: Please note that PHSB reserves the right to refuse policies from certain insurance companies at our own discretion. We will advise you immediately if we cannot work with your insurance provider.
3. Our IPAC team will coordinate with your insurance provider for the approval of a GOP for your medical expenses.
4. The insurance provider then evaluates and makes a decision on coverage. Normally a GOP will be sent to PHSB within 24 - 48 hours. Despite you're having an insurance policy, there may be times when the insurance provider does not provide a GOP within this time period. Possible reasons for this may include:
 - Verification process of the insurance provider
 - Terms and conditions of your policy
 - Pre-existing conditions or exclusions
 - Differences in time zones, weekends or bank holidays
 - Time needed to process the application and/or length of stay may be insufficient to afford the insurance provider adequate time
5. If there is a delay and GOP hasn't been approved (the documents are not provided) by the time you have been discharged, we will not be able to process your insurance claim. You will be required to pay the bill in full by cash or credit card and then file for reimbursement directly with your insurance company.
6. You are always required to pay any excess amount at the time of your discharge. The excess amount may include such expenses as insurance co-payments, room rates that exceed your

insured limit, or personal expenses such as telephone calls that are in addition to our included services and general exclusion items included in the hospital policy and your insurance plans

7. Complete insurance information must be submitted during your admission. We will not be able to process any insurance claims after you have been discharged.
8. You will have to pay for the claims that are rejected by your insurance after we have submitted the claim.

I understand the above information and agree to receive medical treatment and make the payment as requested by PHS.

Signature of Patient

